

Application No. 10/058,708



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hellig, et al.

Title: **SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND METHOD THEREOF**

App. No.: 10/058,708

Filed: 01-28-2002

Examiner: Unknown

Group Art Unit: 2812

Atty. Dkt. No. 1458.TT4978

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Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

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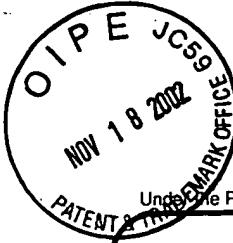
Please enter the changes herein to the present application.

In the Specification:

Please add the following headings and paragraphs after the Title on Page 1 of the Specification pursuant to 37 C.F.R. §1.78

PRIORITY APPLICATION

Q1
This patent application claims benefit under 35 U.S.C. 119(e) of the United States Provisional application number 60/340,554 filed on December 14, 2001, entitled: "SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND METHOD THEREOF."



Gp/2812

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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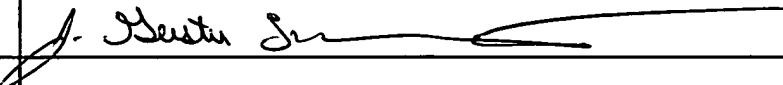
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		Application Number	10/058,708
		Filing Date	01/28/2002
		First Named Inventor	Hellig, et al.
		Group Art Unit	2812 2800 MAILED
		Examiner Name	MON 20 NOV 2002
Total Number of Pages in This Submission	26	Attorney Docket Number	1458.TT4978

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

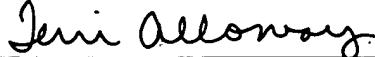
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